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| | | | |
|---|--|---------------------------------------|--------------------------|
| <i>Effective on 12/08/2004.</i> <i>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</i> | | Complete if Known | |
| Fee TRANSMITTAL For FY 2008 | | Application Number | 10/524,938-Conf. #1881 |
| | | Filing Date | October 17, 2005 |
| | | First Named Inventor | Jerzy Wojciech Chojnacki |
| | | Examiner Name | S. O. Flores |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | Art Unit | 3724 |
| TOTAL AMOUNT OF PAYMENT (\$) | | Attorney Docket No. 02635/0202519-US0 | |

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 04-0100 Deposit Account Name: Darby & Darby P.C.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

- Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
- Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|--------------|----------|--------------|----------|------------------|----------|----------------|
| | Small Entity | Fee (\$) | Small Entity | Fee (\$) | Small Entity | Fee (\$) | |
| Utility | 310 | 155 | 510 | 255 | 210 | 105 | |
| Design | 210 | 105 | 100 | 50 | 130 | 65 | |
| Plant | 210 | 105 | 310 | 155 | 160 | 80 | |
| Reissue | 310 | 155 | 510 | 255 | 620 | 310 | |
| Provisional | 210 | 105 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

| Small Entity |
|--------------|
|--------------|

Fee (\$)

Fee (\$)

Each independent claim over 3 (including Reissues)

50

25

Multiple dependent claims

210

105

370

185

| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | Multiple Dependent Claims |
|---|--------------|----------|---------------|---------------------------|
| 19 | - 38 = 0 | x 50.00 | = 0.00 | Fee (\$) |
| HP = highest number of total claims paid for, if greater than 20. | | | | Fee (\$) |
| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | Fee (\$) |

| | | | |
|--|----------|---------|--------|
| 19 | - 38 = 0 | x 50.00 | = 0.00 |
| HP = highest number of independent claims paid for, if greater than 3. | | | |

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

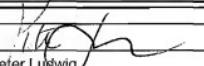
| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|--|----------|---------------|
| - 100 = | /50 = | (round up to a whole number) x | = | |

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 1253 Extension for response within third month

1,050.00

| | | | |
|-------------------|---|--|--------------------------------------|
| SUBMITTED BY | | | |
| Signature |  | | Registration No. (Attorney/Agent) |
| Name (Print/Type) | S. Peter Ludwig | | 25,351 |
| | | | Telephone (212) 527-7700 |
| | | | Date April 9, 2008 |